



HM Prison &
Probation Service

Prison Drugs Strategy



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Contents

Introduction	3
Delivering this strategy	5
Restricting Supply	8
Reducing Demand	14
Building Recovery	18
Conclusion and next steps	24

Introduction

The misuse of drugs in prison is one of the biggest challenges facing our criminal justice system today. Drug misuse is prevalent and contributes to violence, crime and vulnerability within prisons, which threatens safety and the ability of our hard-working prison staff to deliver effective regimes. We will not be able to improve safety, prevent reoffending and tackle serious and organised crime without reducing the misuse of drugs in prisons. This is a complex, multi-faceted problem with no simple answer – it requires a coordinated effort to limit the supply of drugs both inside and outside prisons, encourage people away from drug misuse towards positive and productive activities, and support those requiring treatment. It is therefore crucial that our approach to tackling the problem considers the whole system, working across government and with our partners at a national, regional and local level.

The scale of the problem is significant and has become more challenging in recent years. Between 2012/13 and 2017/18, the rate of positive random tests for ‘traditional’ drugs¹ in prisons increased by 50%, from 7% to 10.6%, and drug use in prisons is now widespread, particularly in male local and category C prisons. The emergence of psychoactive substances such as synthetic cannabinoids has exacerbated the problem, and these are often used in conjunction with other drugs, while we remain aware of problems with the diversion and misuse of prescription medication. The prevalence and patterns of drug misuse in prisons is shaped by patterns in the community, and the challenges faced by prisons can be exacerbated when those entering prison have an existing drug misuse issue or when drug misuse has been normalised in the community.

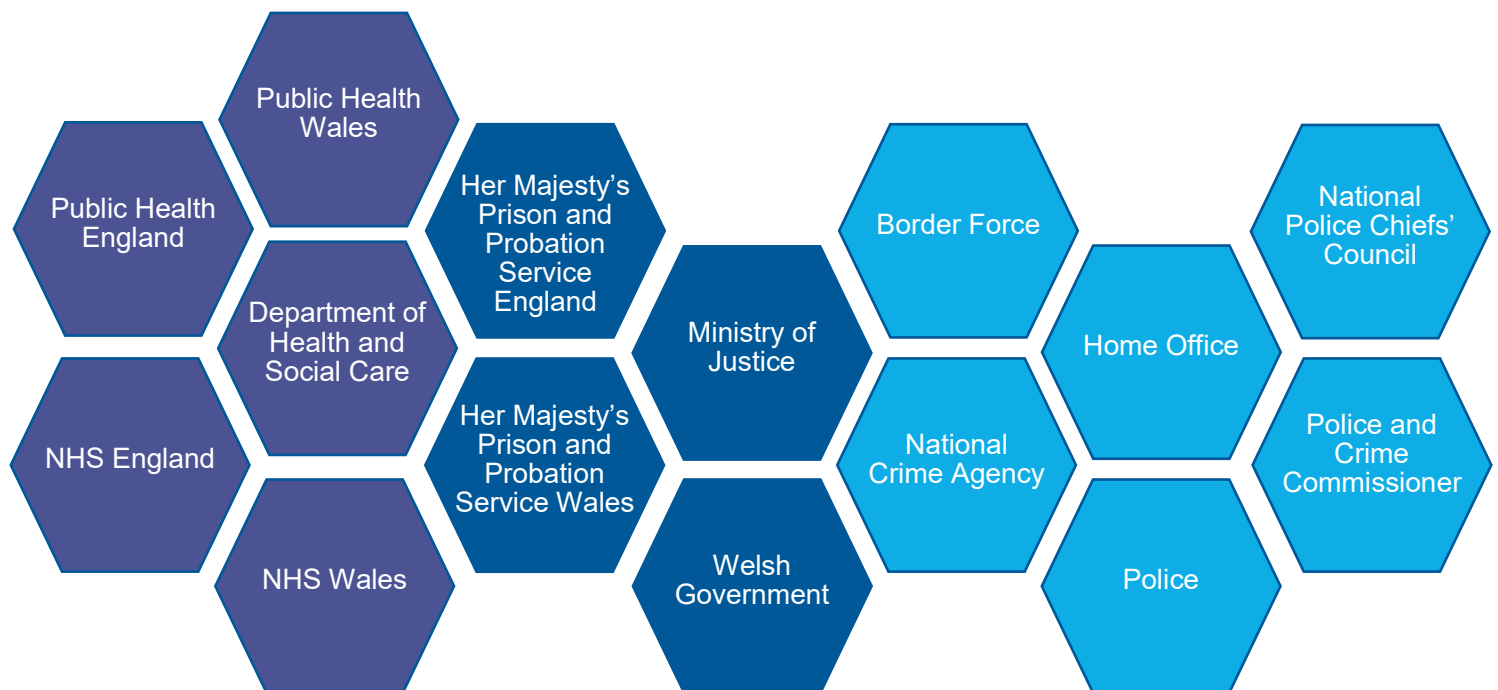
Evidence shows us that the prisons with the highest rates of positive random drug tests are the prisons that are the least stable.² The misuse of drugs contributes to a cycle of disruption and violence, leading to a reduced or unstable regime, which through unpredictability and lack of purpose can encourage prisoners to turn to drugs and alcohol. The debt resulting from the supply, distribution and use of drugs is also a significant cause of violence, intimidation and self-harm across the estate, endangering both staff and other prisoners. Consequently, to tackle drug misuse, we need changes in all elements of this cycle, enabling prisoners to engage positively with rehabilitation, in a calm and safe environment. Reducing drug misuse is crucial to the safety of our prisons and the rehabilitation of prisoners.

This strategy has been developed by the Ministry of Justice (MoJ) and Her Majesty's Prison and Probation Service (HMPPS), working with other partners across government. It sets out our plans to reduce the misuse of drugs in our prisons, and will provide direction to assist all stakeholders in this. We are also releasing detailed guidance for prisons to support them in identifying issues and share best practice. Together, we will focus on

¹ Rates of positive drug tests are split between ‘**traditional**’ drugs – controlled substances defined in the Misuse of Drugs Act 1971, such as opiates and cannabis – and ‘**psychoactive substances**’ – substances initially defined in the Psychoactive Substances Act 2016, such as synthetic cannabinoids, but many of which have now been controlled by the Misuse of Drugs Act 1971.

² Ministry of Justice, (2016), Prison Safety and Reform White Paper, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/565014/cm-9350-prison-safety-and-reform-_web_.pdf, p. 41.

restricting the supply of drugs by improving security, building intelligence, and targeting the criminal networks which aim to bring drugs into prison. We will also reduce the demand for drugs in prison by developing more meaningful regimes, providing more constructive ways for prisoners to spend their time and ensuring the balance of incentives encourages prisoners to make the right choices. We will work closely with our health and justice partners to build recovery for prisoners who want to overcome their substance misuse, providing prisoners who are serious about living substance free with the environment to do so successfully. It is crucial that we deliver all three strands of this strategy in unison to make a meaningful, positive difference to both prisoners and staff.



Delivering this strategy

Our aim

This strategy has been developed to support and complement the HM Government Drug Strategy developed by the Home Office in 2017³ and is centred around the same three objectives of restricting supply, reducing demand and building recovery. Our overall aim is to reduce drug misuse in our prisons, which will increase safety for both staff and prisoners, and contribute towards ensuring that prisons are places of opportunity and change for prisoners. Our priorities are to reduce activities that cause serious harm, enable prisoners to live law-abiding lives, and support them to overcome addiction. This requires commitment at a national, regional and local level and so all prisons will have implemented their own Drugs Strategy, tailored to their specific needs and challenges, by September 2019.

Our approach

To tackle the problem of drug misuse in prisons, we need to prevent drugs being available in prisons (restrict supply), support prisoners to reduce and avoid drug misuse (reduce demand), and provide the help and treatment they need to maintain their recovery (building recovery). To achieve these objectives, we are focusing on five areas that impact the levels of drug misuse in prisons.

People – that prisons have the right staff, with appropriate skills and support

Procedural – that prison processes are clear, fair and effective

Physical – that prison conditions are safe, clean, decent and promote well-being and recovery

Population – that prisoners have positive relationships and engage in constructive activities

Partnership – that all the organisations contributing to achieving our aims work together effectively

For each of the three objectives, we have identified key activities in each of these five areas as well as aims against which we can measure our progress. These include central activities, such as developing intelligence, and local initiatives, such as working well with community-based treatment providers.

Alongside this strategy, we have developed a catalogue of good practice and guidance for prison governors and staff to consider when managing the day-to-day running of their prison to minimise drug misuse. We will continue to work with prisons to share and

³ Home Office, (2017), 2017 Drug Strategy, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF

implement changes which have proven to be successful and update the guidance. This will support prisons in developing their local drugs strategies in conjunction with other activity, including local safety strategies. We will guide and support prisons to make improvements that lead to real and positive change across the prison estate.

Closed male prisons have particularly challenging issues with substance misuse. Consequently, some parts of this strategy and the accompanying guidance have a particular focus on these prisons. However, the key principles and much of the best practice are equally applicable across the estate, and where we learn lessons in closed male prisons, we can then share effective approaches. We are also targeting specific investment in challenging areas to test our approach. We are concentrating additional effort on ten prisons with significant challenges. These 10 prisons are benefitting from an initial £10 million of additional investment, £6 million of which was specifically allocated to tackling drugs. We are working closely with regional and local colleagues through a Drug Diagnostic process to identify the specific challenges in each prison and recommend actions to combat these. We are providing all of the ten prisons with body scanners, drug detection dogs, additional staff and security equipment as well as specific investment where local needs are identified.

In addition, our £9 million joint MoJ/HMPPS, NHS England and DHSC (Department of Health and Social Care) Drug Recovery Prison pilot is testing and evaluating innovative approaches to tackle drugs in prison and help prisoners to improve their chances of recovery. This focused investment will give us the best opportunity to make these prisons the best that they can be, provide consistency in delivery and inform our understanding of what works best for the rest of the prison estate. We will use what we learn from the work in the ten prisons and the Drug Recovery Prison pilot to develop evidence-based approaches that inform our work across all prisons.

All of the relevant organisations working together is key to ensuring that we respond effectively. To do this, we have established a cross-government steering group which brings together health, justice and law enforcement organisations to combine their influence and benefit from their expertise and experience in shaping how to tackle the misuse of drugs in prisons. We are also working closely with front-line prison staff to ensure that our approach works well in practice.

To reduce drug misuse in prisons, we will

Restrict supply	Reduce demand	Build recovery
<ul style="list-style-type: none"> • Minimise the supply of drugs into prisons through guidance, processes and technology. • Find drugs that do enter prisons using searching, intelligence and drug testing. • Disrupt the trade of drugs within prisons, working with law enforcement, sharing information and tackling corruption. 	<ul style="list-style-type: none"> • Ensure there are the right incentives in prisons to encourage and support prisoners to make good decisions. • Provide productive opportunities and constructive relationships with staff to steer prisoners away from drugs. • Engage with families, friends and peers to help prisoners develop networks that will support them to avoid substance misuse. 	<ul style="list-style-type: none"> • Collaborate with health partners to ensure successful commissioning and delivery of substance misuse services. • Share successful initiatives from the Drug Recovery Prison pilot to build a whole prison, recovery focus. • Work with community partners to ensure that prisoners receive continuity of care when released from prison.

Restricting Supply



People
Procedural
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Population
Partnerships

Issue

The availability of drugs in our prisons is a threat to safety and security, obstructing recovery for prisoners with drug misuse issues and leading others to develop issues while in prison. Drugs enter prison in a variety of ways, including coming through the front gate, being thrown over the perimeter, through visits and post, and deliveries by drones. Many

instances are arranged using illicit mobile phones, particularly as phones have become smaller and harder to detect using traditional scanning tools. To tackle this, we are continually improving all of the barriers to drug supply, including technology, processes and physical defences to minimise the opportunities for drugs to be conveyed. Often drug smuggling into prisons forms part of a complex illicit economy, driven in part by sophisticated and organised criminals. Therefore, identifying and disrupting those at the centre of this organised crime is crucial, as well finding any drugs that do enter our prisons.

Drug testing helps us to understand the prevalence of drugs in the prison estate. The percentage of positive results from random Mandatory Drugs Tests (rMDT) showed a steady rise in the three most recent financial years and in 2017/18, 20.4% of rMDT in England and Wales were positive. This includes the results of tests for psychoactive substances, which were published for the first time in 2018. Excluding tests for psychoactive substances from the data, the rate of positive rMDT in 2017/18 was 10.6%, up from 9.3% the previous year. The spread of psychoactive substances has been significant, with psychoactive substances present in 60% of all positive samples in 2017/18.

In 2017/18 the number of incidents where drugs were found in prisons increased to 13,119. This was up from 10,666 in the previous year, an increase of 23%. Psychoactive substances were found in 4,667 incidents in 2017/18. The volume of drugs recovered reflects not only the number of attempts to convey illicit substances into our prisons but also our success in finding and recovering these drugs. We are continuing to work to enable all prisons to minimise drug supply, find contraband and disrupt illicit trade within prisons.

Our Work

Minimise the supply of drugs

Minimising the supply of drugs into prisons – whether through the gate or over the perimeter - is the first step in reducing their prevalence and we already have a range of techniques to minimise supply. For example, we use body searches, metal-detecting scanners and drug detection dogs across the estate, and in closed prisons, visitors and arriving prisoners are searched before entering. Strengthening staff resilience to corruption, combined with identifying and prosecuting those who abuse their position for personal gain, is also key to this.

To strengthen gate and perimeter security, we will be extending the use of x-ray scanners more widely across the estate to detect internally concealed contraband and are also investing in more and newer cutting-edge mobile phone denying technology to prevent prisoners organising drug supply and trade. These investments will total £6 million. We are also developing specific gate and perimeter security approaches in response to new threats, such as the emergence of psychoactive substances (PS). We have trained an additional 300 drug detection dogs specifically to detect psychoactive substances and are also committed to developing methods to identify and pursue the criminal networks supplying these substances. This requires investment in trace detection equipment to identify items, such as clothing and letters, which have come into contact with psychoactive substances.

We will be developing improved minimum security standards for all prisons across the estate. As part of this, our ambition is to extend the use of enhanced gate and perimeter security, similar to that found in an airport, particularly in local prisons that face some of the greatest challenges with substance misuse. This includes greater searching and scanning technology, such as x-ray scanners for bags and personal items, trace detection scanners and metal detecting arches and wands.

Minimising the supply of drugs is not only about technology. It is also important that we maintain effective processes and respond to new methods for smuggling drugs. We have established a dedicated Security Risk Unit, which identifies new and emerging threats and ensures that prisons are prepared for these, with up-to-date information and technology. The use of paper impregnated with psychoactive substances has shown that criminals continue to innovate and we must respond. We have provided guidance on how to detect and respond to attempts to convey drug-laced paper to all prisons and this will assist prisons in their efforts to tackle this supply route. We have also worked to consolidate guidance for staff to review and improve their visits processes to reduce the opportunity for people to bring in and convey illicit substances. The guidance will also assist staff in strengthening prison reception practices to identify prisoners who are suspected of smuggling drugs into prisons on entry. This will include a focus on those who may intentionally breach their licence conditions in order to bring drugs back into prison, either for profit or under duress.

Every prison is different, and will benefit from tools to assess their specific security needs. We have worked with prisons to carry out Vulnerability Assessments in prisons to build a picture of the security risks and enable establishments to better target their resources to tackle them. This resource will continue to be offered across the estate. The Drug Diagnostic toolkit used for the prisons in the 10 Prisons Project has also proved to be useful in identifying key issues in different establishments and so we will share this for use across the whole estate, supporting prisons to identify where changes could have the greatest impact.

Find contraband

Together with minimising the supply of drugs, we must ensure that drugs and other contraband that do get into prisons are found and removed. Finding contraband relies on our dedicated staff having time to search and take follow-up action. We have already recruited over 4,700 new staff and are continuing to recruit as well as ensuring that all staff are provided with necessary, relevant and useful training. We will also be rolling out specialist search teams across the estate, acting on intelligence to prevent and deter criminal activity and find contraband. We have also invested in nearly 6,000 body-worn video cameras for prison officers as a visible deterrent against violence and crime.

Finding drugs and identifying those with drug misuse problems is further supported by an effective drug testing regime. Prisoners who test positive can be subject to sanctions, as well as being supported to access treatment, and so testing is key to encourage prisoners to remain drug free and help them to maintain this. The testing process also helps to monitor trends in drug use in prison, inform activities that reduce the prevalence of drugs in prisons, and contribute to intelligence about the supply and use of drugs. The results of testing contribute towards drug treatment policies and enable governors and healthcare providers to better understand the needs of their prisoners.

Prisons use a variety of drug testing approaches. Prisoners can be required to undertake monthly random Mandatory Drug Testing (rMDT) or Suspicion-Based Drug Testing, or can

volunteer for Compact-Based Drug Testing to demonstrate that they are free of drugs, while clinical testing can be used for healthcare purposes. In September 2016, we became the first prison service in the world to introduce innovative mandatory drug tests for psychoactive substances, which is a significant step in tackling the supply and use of them.

Work is currently underway to introduce more innovative approaches to drug testing to improve its effectiveness. We are moving to a more comprehensive approach by enhancing rMDT, ensuring that we test for all relevant substances and cracking down on the misuse of pharmacy and prescription medicines. This will provide us with better information to support our work, enabling us to spot trends and react quickly to changes.

Disrupt illicit trade

Our staff and technology are supported by our knowledge of those responsible for drug smuggling in prisons and their methods. Disrupting illicit trade and criminal networks inside prisons prevents and deters the supply of drugs and contraband. Some of the most prolific offenders are difficult to detect, as they use various tactics to hide their activities, including exploiting other offenders to hold contraband for them, and so our use of intelligence is key.

HMPPS National Intelligence Unit is working with prisons, probation and law enforcement partners to pro-actively develop intelligence on offenders who present the greatest threat to prison security and public protection, including those involved in the supply of drugs. They focus on supporting successful investigations and prosecutions where there is ongoing criminality, as well as building a culture of joint working and information sharing with law enforcement to make prisons and our communities safer. We have invested a further £3 million to establish the Serious Organised Crime Unit, made up of national and regional teams that will relentlessly undermine and disrupt serious and organised crime by providing support to local prisons and probation teams, and working closely with law enforcement.

With the support of these specialist units, prisons will be better equipped to work closely with law enforcement agencies and other local service providers to build and share intelligence on criminal networks, in line with commitments in the Serious and Organised Crime Strategy⁴. Targeted joint action has and will lead to significant convictions and improvements in security measures, severely restricting criminals' ability to supply drugs into prisons.

To make best use of our intelligence, we are investing £1 million in a national digital categorisation service, which will provide a wider range of information on male offenders coming into prison, including those who may have the means to smuggle drugs, to support decisions about where they are placed and how the security risks they pose are managed. We have also recently established a specialist financial crime unit to identify and freeze bank accounts linked to organised crime in prison, money laundering and drug dealing. This will hinder the activity of criminal networks and those who supply drugs in prison.

⁴ HM Government, (2018), Serious and Organised Crime Strategy, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/752850/SOC-2018-web.pdf

The guidance provided to prisons alongside this strategy will also help governors to disrupt illicit trade and supply within their establishments from other sources. This includes working with healthcare providers to ensure prescribed medicines are provided in a safe and secure manner, and identifying and prosecuting those guilty of corruption. We are launching a revised structure for the Counter Corruption Unit in 2019 which will improve the use of intelligence to tackle corruption, including drug trafficking. In addition to this, a new Counter Corruption Policy Framework is being developed to strengthen resilience against staff corruption in prisons and support prisons and law enforcement in identifying staff who use their position for illicit gain.

Our Aims

To reduce the proportion of random Mandatory Drug Tests (rMDT) that are found to be positive by March 2020.

We Will

People

- Provide guidance and advice to all prisons on security measures including searching, prison reception, visits and new methods by April 2019.
- Share the Drug Diagnostic toolkit with all prisons by April 2019, alongside guidance to assist each prison in identifying improvements in their practice.

Procedural

- Review our approach to drug testing to ensure it is comprehensive and balanced.
- Launch a restructured Counter Corruption Unit to tackle corruption, including drug trafficking, by spring 2019.

Physical

- Extend the use of enhanced gate and perimeter security across the prison estate, particularly in local prisons.
- Increase the searching of all entrants to prisons, including prisoners, visitors and staff.

Population

- Develop the Digital Categorisation Service to provide a wider range of information on male offenders coming into prison, including those who may have the means to smuggle drugs into prison.

Partnerships

- Build our national and regional intelligence units to develop intelligence on those offenders who pose the greatest threat to prison security.
- Work with law enforcement to implement the commitments in the Serious and Organised Crime Strategy for lifetime offender management of priority organised criminals in prison, to prevent and disrupt their offending.

Reducing Demand



People
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Population
Partnerships

Issue

While there is demand for drugs in prisons, criminals will seek to exploit that demand. Consequently, if demand is not reduced, then restricting drug supply as set out above, would lead to increased prices and potential profits for those criminals seeking to supply

drugs. Therefore, our Drugs Strategy will tackle the demand for drugs alongside restricting the supply of them, as it is only by reducing the market for drugs that we will be able to reduce their prevalence. Reducing the demand for drugs relies upon ensuring that prisoners understand the consequences of drug use, both within the prison and the wider risks to themselves and their families, and offering opportunities that give purpose and direction.

Her Majesty's Inspectorate of Prisons' 2017/18 prisoner surveys stated that 13% of adult male prisoners said they had developed a problem with illicit drugs in their current prison, while 11% said they had developed a problem abusing medication not prescribed to them.⁵ It also showed that 42% of female prisoners and 28% of male prisoners reported that they had had a drug problem (including with illicit drugs or with medication not prescribed to them) when they arrived in their current prison.⁶ Prisons should be places of positive change and recovery and so we must support prisoners to avoid drug misuse.

Our Work

Incentives

Everything that happens in a prison influences the behaviour and actions of the prisoners that it holds. Misuse of drugs can result in prisoners getting into debt, involved in violence and other crime or being exploited by other prisoners. We are working to tackle these issues holistically and ensure that prisoners understand the risks of their actions and so local prison drugs strategies will be closely linked to safety strategies and other initiatives. Many prisoners with drug misuse issues also have mental health conditions and so our approach involves healthcare, safety and support, as well as restricting supply. To reduce demand for drugs in prisons we need to ensure that the incentives guide people towards making positive choices that lead them away from drugs and towards opportunities for recovery.

To do this, we have learnt from previous work on drug recovery wings to develop the Identified Substance User (ISU) and Incentivised Substance Free Living (ISFL) concepts. Our ISU approach will help prisons to respond effectively when an individual fails a drug test by offering support and treatment to those who want to abstain and clear guidance about sanctions for repeat offenders who will not engage with support. This will be further boosted by a review of the adjudications process and our plans to create a single evidenced-based policy framework, encompassing both the adjudications process and the crimes in prison protocol. ISFL wings will allow prisoners who demonstrate, through regular voluntary testing, that they are not misusing drugs to experience better living conditions. This is about giving prisoners the opportunity to take responsibility for their own recovery, or insulate themselves from the risks of becoming involved with drugs, and helping them to persevere with that choice.

We have consulted prison governors and stakeholders on a new Incentives and Earned Privileges policy framework, which has been developed to empower prisons to use sanctions and rewards to support and encourage prisoners to engage with productive activities and treatment. This will help us to create environments built on mutual respect

⁵ HM Chief Inspector of Prisons for England and Wales, (2018), Annual Report 2017-18, https://www.justiceinspectorates.gov.uk/hmiprisoners/wp-content/uploads/sites/4/2018/07/6.4472_HMI-Prisons_AR-2017-18_Content_A4_Final_WEB.pdf, p.26.

⁶ Ibid., p.126.

and trust, where prisoners know what is expected of them and what they can expect in return. In the short term, it will encourage prisoners to engage in activities including education, work and treatment, taking responsibility for their own wellbeing, which in turn will support them in making better choices about drugs. And in the longer term, these changes will place a far greater emphasis on the role that learning and employment have to play in rehabilitation and risk reduction.

Opportunities

A 2016 study found that many prisoners feel that using drugs will help relieve boredom and provide temporary respite from depression and anxiety⁷. Consequently, ensuring that the prison environment provides opportunities to engage in purposeful activity and commit to positive change is key to providing hope for the future and encouraging prisoners to turn away from drugs. Our Education and Employment Strategy will support prisoners on a path to employment from the moment they enter prison, and we will use Release on Temporary Licence to support prisoners to get back into work. The New Futures Network brokers partnerships between prisons and employers to create opportunities for ex-prisoners on release, as well as delivering purposeful activity in prison. We are also giving prison governors more freedom over how they use their education budget so that they can provide their prisoners with the skills that they will need on release from prison. This will help to ensure that prisoners are out of their cells as often as possible, with productive activities, while in-cell activities will help to ensure prisoners are positively engaged when in their cells too.

Hard-working and dedicated staff underpin all our work. Additional prison officers have been recruited to deliver key work and will also help to ensure that prisons have the staff that they need to operate more structured and reliable regimes. With the roll-out of the first phase of the new Offender Management in Custody model, prison officers will be undertaking a keyworker role where they will each work closely with a small number of prisoners. This will allow them to build constructive relationships to support prisoners to feel safe, calm and settled with the aim of improving safety. Phase Two of the OMIC model will introduce a new approach to offender management with a clearer focus on planning sentences and supporting prisoners so that staff understand better individual needs and risks. This will include guiding prisoners towards treatment and support that could help them with substance misuse problems, and engaging them in meaningful activity which steers them away from drugs. We have started a process to review our existing substance misuse and mental health training offer to ensure our staff receive robust and effective training in these areas.

Families and peers

Finally, there are other key individuals in the lives of prisoners who help to shape their thinking and decision-making. Lord Farmer's review of the importance of prisoners' family ties highlighted links between family relationships and the use of illicit drugs, and we are taking forward the recommendations of that review⁸. The role of families and fellow prisoners in helping people to make and commit to good decisions is vital, and we are

⁷ User Voice, (2016), Spice: The Bird Killer, What prisoners think about the use of spice and other legal highs in prison, <https://drive.google.com/file/d/0BzKDGOPNokMDVmVhYIVxN2VnS3c/view>, p.3.

⁸ Lord Farmer, (2017), The Importance of Strengthening Prisoners' Family Ties to Prevent Reoffending and Reduce Intergenerational Crime, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/642244/farmer-review-report.pdf

working to ensure that prisons make good use of positive influences. Drug misuse can also affect families and friends, as they try to support prisoners and can find themselves under pressure to get into debt or convey drugs into prisons. Backed with education and awareness campaigns to help prisoners to make good decisions, including careful guidance about the risks of emerging harmful substances, prisons will be able to draw on a range of resources to support their prisoners.

Evidence suggests there are clear benefits of having a good peer support model within a secure setting, including increased positive self-identity, employability skills for the peer worker and a positive impact on the attitudes, engagement and behaviour of the recipients.⁹ We published a new peer support toolkit in May 2018 which is supporting and facilitating the development of peer support across the prison estate. Prisons also have an important role in insulating prisoners from negative influences and so the selection of peer supporters must be carefully considered to ensure that the position cannot be abused. Prisoner representatives can also perform an important role in communicating between prisoners and staff about issues of concern, security, safety and decency.

Our Aims

To progressively increase the time that prisoners spend outside their cells, engaged in productive activity (work, education or treatment).

We Will

People	<ul style="list-style-type: none"> Refresh the substance misuse and mental health training provided to new prison officers and ensure updated training is available for existing staff.
Procedural	<ul style="list-style-type: none"> Create a single, evidence-based Adjudications and Crime in Prison Policy Framework and a refreshed Incentives and Earned Privileges Policy Framework.
Physical	<ul style="list-style-type: none"> Support prisons to establish incentivised substance-free living, sharing learning and best practice from the 10 Prisons Project by summer 2019.
Population	<ul style="list-style-type: none"> Fully implement the Offender Management in Custody model in all prisons by December 2019.
Partnerships	<ul style="list-style-type: none"> Continue to implement the recommendations of Lord Farmer's review to ensure that engagement with families is key to prisons' approach to tackling substance misuse.

⁹ HM Inspectorate of Prisons, (2016), Life in prison: Peer support, <https://www.justiceinspectorates.gov.uk/hmiprison/inspections/life-in-prison-peer-support/>, p. 4.

Building Recovery



People
Procedural
Physical
Population
Partnerships

Issue

Prisons aim to prevent reoffending through rehabilitation and overcoming substance misuse problems is a key enabler of this. Overcoming addiction is not easy and our prisons must have a culture that recognises this and seeks to address the root causes of addiction in order to support long-lasting rehabilitation. Backed with processes and

procedures which restrict the supply and availability of drugs, and incentive frameworks and regimes which reduce the demand for them, prison can provide people with the support needed to tackle substance misuse problems, which are often related to the crimes that led them to prison. The Offender Management in Custody model will enable prison and probation officers to develop positive relationships with prisoners, refer them to appropriate services, and achieve the rehabilitative and educational objectives needed to tackle demand for drugs, avoid exploitation of this vulnerable group and reduce reoffending.

Many prisoners have complex needs and have suffered from trauma, with rates of substance misuse, mental health problems and poor physical health higher among prisoners than among the general population.¹⁰ Comorbidity rates are also high, with many prisoners who misuse drugs also suffering from mental health issues. Being in prison can often exacerbate poor mental health and wellbeing and prisoners can turn to drugs (illicit drugs and/or medication not prescribed to them) in an attempt to tackle these problems. The misuse of drugs can have tragic consequences, and in recent times we have seen an increase in the number of deaths in custody in which substance misuse appears to have been a factor.

Our Work

Treatment

More than any other part of our strategy, this is an area in which we work closely with our partners. That is why we have worked together to develop the National Partnership Agreement (NPA) for Prison Healthcare in England, signed in April 2018 by all of those who have a role in the policy, commissioning and delivery of health services in prisons.¹¹ The partnership includes MoJ and DHSC as well as NHS England, Public Health England (PHE) and HMPPS. One of the top priorities outlined in the NPA is reducing the impact of substance misuse, addressing the risks and resultant harms of misuse, and ensuring the right help is available at the right time. In December 2018, NPA partners published a workplan outlining the details of the activities which are being undertaken to deliver its 10 priorities.¹² These priorities, and the activities described in the workplan, will be subject to review and updated as the work of the National Partnership for Prison Healthcare in England progresses. The Welsh Government and NHS Wales has agreed a set of shared priorities with HMPPS for prison health and well-being in Wales, which includes developing a standardised clinical pathway for the management of substance misuse in prisons in Wales.

In April 2018, NHS England published a new Service Specification for Integrated Substance Misuse Treatment Services in prisons in England. This brings greater focus to treatment for users of psychoactive substances, an area which needed refreshing to

¹⁰ Lord Bradley, (2009), The Bradley Report: Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system, https://webarchive.nationalarchives.gov.uk/20130105193845/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_098698.pdf, p. 97.

¹¹ HM Government & NHS England, (2018), National Partnership Agreement for Prison Healthcare in England, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/697130/moj-national-health-partnership-2018-2021.pdf

¹² HM Government & NHS England, (2018), National Partnership Agreement for Prison Healthcare in England, Workplan 2018-2021, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/764884/NPA_Workplan_for_Publication.pdf

reflect the changing patterns of drug users. NHS England is also developing a programme of work to scope substance misuse interventions that can affect a step change in health responses to psychoactive substances. This will consider training for staff, first aid interventions and wider recovery activities.

The new Service Specification also emphasises stronger links to mental health treatment so that there is 'no wrong door' for prisoners who are seeking help – they will receive support from both substance misuse and mental health services if the issues that they present require that support. Given the co-morbidity of substance misuse and mental health problems, this is a vital step forward and will help more people to get the support that they need.

In July 2018, we announced a joint MoJ/HMPPS, DHSC and NHS England £9 million Drug Recovery Prison pilot at HMP Holme House to tackle drugs in prison and help prisoners to build their recovery. There we are working hand-in-hand with NHS England with a significant portion of the additional investment going towards helping prisoners break drug misuse habits. The three-year pilot at HMP Holme House includes new health staff, including a specialist psychologist, delivering enhanced substance misuse services to ensure prisoners have the support they need. There is also a Connecting Communities team helping prisoners to transition from custody to community by aiding family engagement and arranging appointments for drug and alcohol treatment, accommodation and financial advice. Successful initiatives and lessons learned at HMP Holme House will be shared with the rest of the estate and inform best practice. We are also exploring with health partners potential opportunities to replicate the Drug Recovery Prison concept within the secure estate and on release.

However, no single model will suit all prisoners and establishments, so we need to make sure that each establishment is able to identify the needs of its prisoners and that governors work effectively with their health partners to ensure that services are meeting the needs of their prison population. To do this, prison governors will need to consider the substances that are most prevalent in the prison, the demographic mix of the cohort, the needs that they might have, and the range of different interventions that might be required – whether that be medication, psycho-social support, the involvement of families and peers, or another approach that we know to be effective. The guidance provided alongside this strategy will support governors to do this and find ways to improve collaborative working.

The importance of this work is emphasised by the fact that the misuse of drugs can have tragic consequences. While we monitor drug-related deaths, historically we have not used this category in published statistics. In light of the apparent increase in the number of such cases, we are working with the Office for National Statistics to devise and implement a recording system that allows the identification of drug-related deaths in prisons. We aim to publish the first statistics using this category in July 2019.

We are also working with the Ministerial Council on Deaths in Custody to reduce the number of drug-related deaths. All the strands in this strategy will contribute towards this, as will wider work on safety in prisons and support for those with health conditions, including mental health. Partnership working is also crucial here, so we are working with the Home Office and DHSC to ensure a holistic approach.

Prescription and Pharmacy Drugs

Prescribed medicines are widely used and misused in prisons, presenting considerable challenges to safety. In 2015, Her Majesty's Inspectorate of Prisons' thematic report on changing patterns of drug misuse in prisons found that one in ten prisoners said that they had used either opiate substitute medication or other medication not prescribed to them.¹³ 18% of respondents said they had misused at least one medication, with the most commonly used illicit medications painkillers (10%) and medication to assist sleep (10%). Misuse of prescription drugs is particularly prevalent in the female estate and can be more difficult to detect. Some prisoners request prescribed medication for the psychotropic effect of the drug and many will divert their prescribed treatment by trading or selling it to others. This risks harmful side effects, interactions and overdoses, as well as contributing to the illicit economy and increasing the risk of debt.

We must reduce the misuse of prescription and pharmacy medication and the diversion of prescriptions away from those to whom they are prescribed, while ensuring the appropriate range of treatments and interventions for those who need them. To do this, we are ensuring that healthcare professionals have appropriate, safe and secure areas to practice in and that administration of medicines is orderly to minimise the risk of diversion. Prison officers work together with healthcare staff to ensure medication is used appropriately and all prisons are recommended to have a Medicines Management Committee to oversee this process.

Continuity of Care

We must remember that care and our responsibility doesn't stop when a prisoner leaves the prison. The change in circumstances associated with moving from custody to the community presents a risk of relapse – in 2017/18, only 32% of offenders in England with substance misuse treatment needs were successfully engaged in community-based treatment within 21 days of release from prison.¹⁴

This points to the importance of continuity of care and the role that the National Probation Service, Community Rehabilitation Companies and General Practitioners play in supporting prisoners as they transition back into the community. For prisons in south Wales, the Counselling, Assessment, Referral, Advice and Throughcare (CARAT) service is provided by Dyfodol, commissioned by HMPPS in Wales and the South Wales Police and Crime Commissioner. This provides an integrated service from police custody, to court, probation, custody and into the community, providing continuity of care for offenders.

In August 2018, Public Health England published an audit toolkit and guidance on improving continuity of care between custody and the community, with advice for prisons and local healthcare providers on how to improve transitions and ensure effective working relationships.¹⁵ GP practices are required to accept pre-registration by prisoners coming

¹³ HM Inspectorate of Prisons, (2015), Changing patterns of substance misuse in adult prisons and service responses, <https://www.justiceinspectors.gov.uk/hmiprisoners/wp-content/uploads/sites/4/2015/12/Substance-misuse-web-2015.pdf>, p. 34.

¹⁴ Public Health England, (2018), Public Health Outcomes Framework, <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015>, indicator 2.16

¹⁵ Public Health England, (2018), Continuity of care for prisoners who need substance misuse treatment, <https://www.gov.uk/government/publications/continuity-of-care-for-prisoners-who-need-substance-misuse-treatment>

to the end of their sentence and once fully implemented, this will support rehabilitation by helping to prevent any delays in accessing necessary treatments on release. For substance misuse specifically, Single Points of Contacts (SPOCs) for substance misuse treatment services in custody will be re-established to improve the sharing of health information through the gate. The plan is to relaunch the functional mailboxes for these services to encourage secure information sharing between custody and the community. In addition, the development of a web-based SPOC database is being explored to facilitate improved information sharing between treatment providers in prisons and the community.

In January 2019, NHS England published their Long Term Plan, which outlined commitments to expand Community Service Treatment Requirements and introduce a 'RECONNECT' service to improve continuity of care for prisoners on release from custody.¹⁶ We welcome this focus on building recovery and we will continue working in partnership to ensure that prisoners with substance misuse issues see the benefits of this investment.

We are working to help join up different individuals and organisations to minimise as far as possible the risk of people slipping back into drug misuse after working hard to tackle addiction while in prison. A key contributor to this is ensuring that everyone leaving prison has somewhere stable and secure to live. Since October 2018, prisons and probation providers have had a legal 'duty to refer' anyone who is homeless or at risk of becoming homeless to the Local Authority. The Government has also launched a £100 million initiative to reduce and ultimately eliminate rough sleeping across England. Through this work, we will invest £6.4 million in a pilot scheme to support prisoners released from HMP Bristol, HMP Leeds and HMP Pentonville to secure stable accommodation which will promote their rehabilitation. The pilots will test a new partnership approach with prisons, probation providers and local authorities working together to plan, secure and sustain accommodation for prisoners on their release. We will use the lessons from the pilots to inform future provision of accommodation for ex-offenders.

¹⁶ NHS England, (2019), NHS Long Term Plan, <https://www.longtermplan.nhs.uk/online-version/appendix/health-and-the-justice-system/>

Our Aims

To reduce the number of drug-related deaths in custody.

To increase the proportion of those prisoners who complete treatment who do not return within six months, by December 2020.

To increase the proportion of prisoners with substance misuse treatment needs who are successfully engaged in community-based treatment within 21 days of release from prison, by December 2020.

People	<ul style="list-style-type: none"> Work with Public Health England to promote their audit toolkit and guidance on continuity of care and encourage prisons to reflect on their current arrangements and how liaison with community healthcare providers and GPs could be improved.
Procedural	<ul style="list-style-type: none"> Re-establish Single Points of Contact for substance misuse treatment services in custody in England by December 2019.
Physical	<ul style="list-style-type: none"> Ensure the safe and secure dispensing of pharmacy and prescription medication, including the use of medicine safes where necessary.
Population	<ul style="list-style-type: none"> Publish statistics on the number of drug-related deaths in custody by July 2019.
Partnerships	<ul style="list-style-type: none"> Continue to work closely with NHS England, Public Health England, the Welsh Government, devolved health bodies, and other partners to ensure an effective, joined-up healthcare and treatment offer for prisoners.

Conclusion and next steps

This strategy sets the direction for MoJ, HMPPS and key partners to combat drug misuse in prisons. Working collaboratively to restrict supply, reduce demand and build recovery will ensure that we make a real, positive difference to the safety of our prisons, prison staff and prisoners, as well as helping individuals to change their lives.

We have already begun to implement this strategy and will discuss the strategy with key partners from the prison service, law enforcement and health to ensure a consistent approach to implementation. We will also continue to develop communication channels across MoJ, HMPPS and key partners so that further good practice and learning is shared and adopted where beneficial. The guidance that has been compiled alongside this strategy provides clear and consistent information for prison governors and staff to support their efforts to tackle drugs in their establishments. We will continue to update this guidance with new information and examples as these are developed to ensure that operational staff have easy access to the best advice.



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